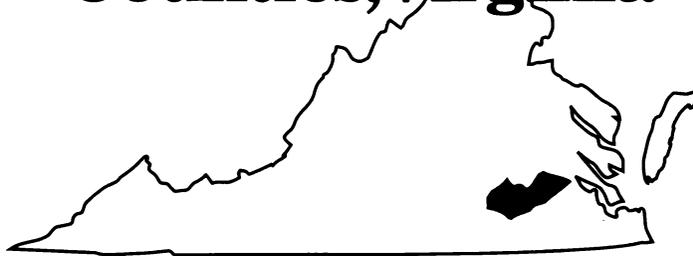


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Evaluation of Household Water Quality in Dinwiddie and Prince George Counties, Virginia



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Household Water Quality Series 40
Department of Biological Systems Engineering
Virginia Polytechnic Institute and State University
Blacksburg, Virginia 24061-0303

Virginia Cooperative Extension



VIRGINIA POLYTECHNIC INSTITUTE
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Publication 442-930
December 1999



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EVALUATION OF HOUSEHOLD WATER QUALITY IN DINWIDDIE AND PRINCE GEORGE COUNTIES, VIRGINIA

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Evaluation of Household Water Quality in Dinwiddie and Prince George Counties, Virginia

ABSTRACT

During Fall 1998 in Dinwiddie and Prince George Counties, Virginia, programs of household water quality education, which included water sampling, testing, and diagnosis, were conducted. Participation in the water quality programs was made available to any resident of these two counties who utilized a private, individual water supply. During the course of the projects, 520 households submitted water samples which were analyzed for iron, manganese, hardness, sulfate, chloride, fluoride, total dissolved solids, pH, saturation index, copper, sodium, nitrate, and total coliform and E. coli bacteria. These analyses identified the major household water quality problems in these two counties as iron/manganese, corrosivity, and bacteria. Additionally, a number of samples were determined to have concentrations of nitrate high enough to possibly lead to health complications for at-risk segments of the population.

After the completion of the general water testing program, water supplies from 27 households were resampled for the testing of 25 pesticides and other chemical compounds. Only one of the samples had a concentration of any of these contaminants exceeding EPA Health Advisory of Maximum Contaminant Levels. Furthermore, a total of only seven detections were observed in four separate samples.

Following completion of the programs, a survey was mailed to the 520 participants. One hundred and eighty-four participants returned survey forms on which they identified their reason(s) for participating in such a program; the primary reason was concern about safety of their water supply. Returned survey forms also provided insight into measures participants had already taken, or planned to take, to improve the quality of their water supply. Four-fifths of the households who reported having at least one water quality problem had taken, or planned to take, at least one measure to improve the quality of their water supply. Ten percent or more of all participants had taken, or planned to take, one or more of the following actions: shock chlorinate the water system, purchase or rent water treatment equipment, and use bottled water for drinking/cooking.

ACKNOWLEDGMENTS

Many thanks are due the residents of Dinwiddie and Prince George Counties who participated in the educational program. Without their enthusiasm and cooperation, the program could not have succeeded. Special thanks are extended to all others who provided support in terms of publicity, encouragement, and interest, thus contributing to the success of the household water quality educational program. Personnel of the Virginia Department of Health, Virginia Department of Environmental Quality, and USDA-Natural Resources Conservation Service, who spoke at the public meetings, are appreciated for their contributions.

The Boards of Supervisors of both counties and the Appomattox and James River Soil and Water Conservation Districts, as well as local offices of Virginia Farm Bureau, are especially acknowledged for their financial support of the program. CSREES/USDA Water Quality Program Support 3-d funds were also made available for this program.

The Water Quality Laboratory of the Department of Biological Systems Engineering at Virginia Tech was responsible for the majority of the water quality analyses, as well as coordination among the various labs and for much of the data management. Julie Jordan, Laboratory Supervisor, and her staff are especially acknowledged for their efforts. Assisting with the general water chemistry analysis was the Soils Testing Laboratory of the Department of Crop and Soil Environmental Sciences at Virginia Tech. The Pesticide Research Laboratory, of the Biochemistry and Anaerobic Microbiology Department of Virginia Tech, performed the pesticide analyses.

Additional support from Virginia Tech should also be noted. Judy Poff, of the Virginia Water Resources Research Center, was instrumental in providing educational publications for participants at the public meetings. Joe Gray, of the Virginia Cooperative Extension Distribution Center, is appreciated for his assistance in preparing and mailing the evaluation survey packets to participants. Appreciation is due Diane Mahaffey for her efforts in preparing project forms and in typing this manuscript, and to Liz Epley for her assistance in data management. In addition, Bev Brinlee and Tim FisherPoff are acknowledged for their editorial and design contributions.

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INTRODUCTION

The water supply and wastewater disposal requirements of the vast majority of rural homes and farms throughout Virginia are met by individual water supply and wastewater disposal systems. In Dinwiddie and Prince George Counties, for example, nearly two-thirds of all housing units (63%) are served by individual water systems (Koebel et al., 1993). Virtually all of these homes depend on groundwater sources.

Throughout these two counties, most wells were drilled only for farm or domestic water supply. George and Gray (1988) have estimated that more than 15% of the drilled wells are inadequately constructed, while more than two-thirds of all dug/bored wells are inadequate. Three percent of households were also estimated to have failing or inadequate waste disposal systems.

Dinwiddie and Prince George Counties have a combined land area of 769 square miles. Prince George County, along with the eastern third of Dinwiddie County, lies within the Coastal Plain physiographic province. The remaining two-thirds of Dinwiddie County is in the Piedmont physiographic province. Dinwiddie and Prince George Counties are situated to the west and east of each other, respectively, both abutting the city of Petersburg. Both counties drain northward to the Appomattox/James Rivers and southward to the Nottoway/Chowan Rivers. A majority, however, of Dinwiddie County is in the latter watershed, while most of Prince George County is in the former.

The population of the two-county area remained unchanged during the period 1980-90. (Prince George County grew by approximately 7% while Dinwiddie actually lost 7% of its population during this time.) Some new home sites are rural-based without public water and sewage services. As rural home sites encroach on agricultural land, the water supply becomes suspect to residents. Of equal importance is the potential failure of septic systems, since many home sites are on land less than ideal for a properly functioning septic system.

In addressing similar concerns, Ross et al. (1991) initiated a pilot program of household water quality education in Warren County, Virginia, which included water sampling, testing, and diagnosis. Based on requests and support from local interests, subsequent programs have been conducted in 51 additional counties. During the course of these projects, approximately 7,500 households submitted water samples through local Virginia Cooperative Extension Offices to be analyzed for the following: iron, manganese, hardness, sulfate, chloride, fluoride, total dissolved solids, pH, saturation index, copper, sodium, nitrate, and total coliform and fecal coliform/E. coli bacteria.

Major household water quality problems identified, as a result of these previous analyses, were determined to be iron/manganese, hardness, fluoride, and total dissolved solids, and because of their potential health significance, corrosivity, bacteria, and to a lesser extent, sodium and nitrate, although the occurrence and extent of these problems varied across counties. In most county programs, a limited number of additional samples from "high-risk" households were tested for over two dozen pesticides and other chemical compounds. Most of these compounds have been detected in measurable quantities in one or more samples, with several values exceeding a corresponding U.S. Environmental Protection Agency Health Advisory Level (HAL) or Maximum Contaminant Level (MCL). It was the need to assess the current state of rural household water supplies in Dinwiddie and Prince George Counties, in addressing the above water quality issues, that led to the implementation of the Household Water Quality Education Program in both counties.

OBJECTIVES

The primary goal of this project was to conduct educational programs on household water quality to include water testing/diagnosis in Dinwiddie and Prince George Counties, Virginia. The general program objectives were to: (1) improve the quality of life of rural homeowners by increasing awareness and understanding of water quality problems, protection strategies, and treatment alternatives; and (2) create a groundwater quality data inventory to assist local governments in land use and groundwater management planning.

METHODS

Household water quality educational programs were offered through the local Virginia Cooperative Extension Offices in Dinwiddie and Prince George Counties during Fall 1998. Any household resident of these counties who utilized a private, individual water supply was eligible to participate. The programs were patterned after the model developed under the pilot educational program completed in 1989 in Warren County (Ross et al., 1991). Local news media and agency newsletters publicized the program in each county, and program fact sheets were prepared (see Appendix).

The programs were launched through local meetings held in Dinwiddie and Prince George in early November. Attendees of these initial meetings were presented with information on local hydrogeologic characteristics in relation to groundwater pollution, likely sources of, and activities contributing to, groundwater contamination, the nature of household water quality problems (both nuisance and health-related), and specifics of the water testing program to follow. At these meetings, individuals were invited to sign up to participate in the testing program at a basic cost of \$20 and \$15 per household water sample submitted, in Dinwiddie and Prince George Counties, respectively.

Provisions were originally made to analyze up to 150 household water samples per county. Water sampling kits, for use by the participants themselves, were made available at the meetings and at the county Cooperative Extension offices after the meetings for late registrants. Two types of water sampling kits were distributed: (1) general water chemistry analysis for iron, manganese, hardness, sulfate, chloride, fluoride, total dissolved solids, pH, saturation index (Langlier), copper, sodium, and nitrate; and (2) bacteriological analysis (total coliform and E. coli).

The sampling kits included a 250 ml plastic bottle for general water chemistry samples and a sample identification form (see Appendix). The form included sampling instructions and a questionnaire on which participants were asked to describe the characteristics of their water supply. Also included in the kits was a 125 ml sterilized plastic bottle for bacteriological samples. Instructions called for sampling from a drinking water tap and for flushing water systems prior to sampling to minimize contaminants contributed by the plumbing system. Persons who already had a water treatment device, such as a water softener, were requested to provide information about the type of equipment so that effective evaluation of their water quality and proper interpretation of results could be obtained, as further explained below.

Water samples were collected on November 9, 16, and 23 at the Extension offices in Dinwiddie and Prince George. At the close of each collection day, all samples were packed in ice and immediately delivered to Virginia Tech in Blacksburg for analysis.

The general water chemistry and bacteriological analysis was coordinated by the Department of Biological Systems Engineering Water Quality Laboratory at Virginia Tech. The Soils Testing Laboratory of the Department of Crop and Soil Environmental Sciences at Virginia Tech was subcontracted to analyze samples for several of the constituents. Water quality analyses were performed using standard analytical procedures (USEPA, 1979).

After the analysis had been completed for each county, participants were reminded by mail to attend subsequent meetings in either Dinwiddie or Prince George to obtain and discuss the test results and management practices to reduce or prevent water contamination. Complete test results were ultimately mailed to those participants who could not attend any of the meetings. A sample report form and accompanying report interpretation are shown in the Appendix.

At the conclusion of the general water testing program described above, participating households were given the opportunity to have their water further tested for the presence of pesticides and other chemical compounds, at a cost of \$75 per sample. The Pesticide Research Laboratory of the Biochemistry and Anaerobic Microbiology Department at Virginia Tech performed the analyses. Sample jars and forms (see Appendix) were provided, whereby local project personnel collected the samples from April 12–16, 1999.

At the conclusion of the programs, an evaluation survey was mailed to participants (see Appendix). The objectives of the survey were to determine (1) the reasons for participation in the educational programs and for having household water tested, and (2) the actions to correct water quality problems the participants had taken, or planned to take, as a result of participation in the programs. Limited socio-economic information was also requested to obtain a profile of the total audience reached by the programs.

In addressing overall project objective 2, local government and public officials were kept apprised of water quality test results, during the course of the programs and at their completion. While the project was designed to involve voluntary participation, and quality control in sampling was not assured, the information gathered was nevertheless deemed useful for water quality assessment and planning at county and regional levels.

FINDINGS AND RESULTS

During the course of the projects, 520 individual household water samples were returned for general water chemistry and bacteriological analysis from all areas of the two counties. Two surveys were distributed to all water testing participants: One, the questionnaire with the water sampling kit, to be completed and returned by all participants with the sample submitted for analysis; and the other, an evaluation of the completed programs (see Appendix). For the latter, of the 520 forms mailed, 184 were returned (a 35% response rate). Both surveys provided insight into the characteristics of the households and their water supplies.

Profile of Participant Households

The average length of the respondents' residence in Dinwiddie or Prince George Counties was 20 years. The length of residence reported ranged from 1 to 82 years. Twenty-one percent of those responding had lived in their present county for 5 years or less. The size of the respondents' households ranged from one to six members; average household size was 2.51. It can, therefore, be estimated that more than 1300 residents of the two counties were directly impacted by the water analysis/diagnosis aspect of the programs.

More than two-fifths (44%) of the respondents were college graduates and 90% had at least a complete high school education (see Figure 1); facts that are not surprising, since it is likely that such individuals would have a greater awareness and understanding of water quality issues and be more likely to participate in such a program.

Participation in the program was on the high end of income distribution. Figure 2, which shows the family income (before taxes) of the respondents, indicates that a majority of the respondents exceeded the median family income (\$35,041 averaged for the two counties and according to the 1990 Census) (Koebel et al., 1993). Fifteen percent of respondents declined to indicate family income.

Profile of Household Water Supplies

The initial survey answers, provided by all 520 participants in the water testing programs, helped to characterize their water supplies (see Appendix). One set of questions dealt with the proximity of the household water supply to potential sources of groundwater contamination. One such question sought to define housing density, which may have an impact primarily from the standpoint of contamination from septic systems and related water quality problems. Participants were asked to classify their household environs as one of the following four categories, ranging from low to high density: (1) on a farm, (2) on a remote, rural lot, (3) in a rural community, and (4) in a housing subdivision. As shown in Figure 3, rural community and farm were the most common at 43% and 32%, respectively, while subdivision (10%) was the least common.

Participants were also asked to identify potential contamination sources within 100 feet of their water supply. The major sources identified were septic system drainfields and home heating oil storage tanks, noted by 16% and 13% of all households, respectively. Indications of proximity (within one-half mile) to larger activities which could potentially contribute to groundwater pollution were also sought. Agricultural activities were the most commonly identified; 43% of the participants indicated that their water supply was located within one-half mile of field crop production and 16% within one-half mile of a major farm animal operation.

Information was also obtained regarding characteristics of the participants' water supply systems. Regarding the type of water source supplying the household, all but one (using a spring) of the participants reported that they rely on a well. Participants were asked to provide an estimate of the well depth, if known. Of those participants indicating well depths, 46% reported depths of more than 50 feet, while 54% reported less than or equal to 50 feet. The maximum well depth reported was 600 feet; the average well depth was 78 feet. Twenty-four percent of the wells were constructed in or prior to 1970. The earliest reported well construction date was 1910.

Household water systems were further identified with respect to the type of material used in the piping network for water distribution throughout the dwellings. The most widely used

Figure 1. Educational Level Achieved by Participants

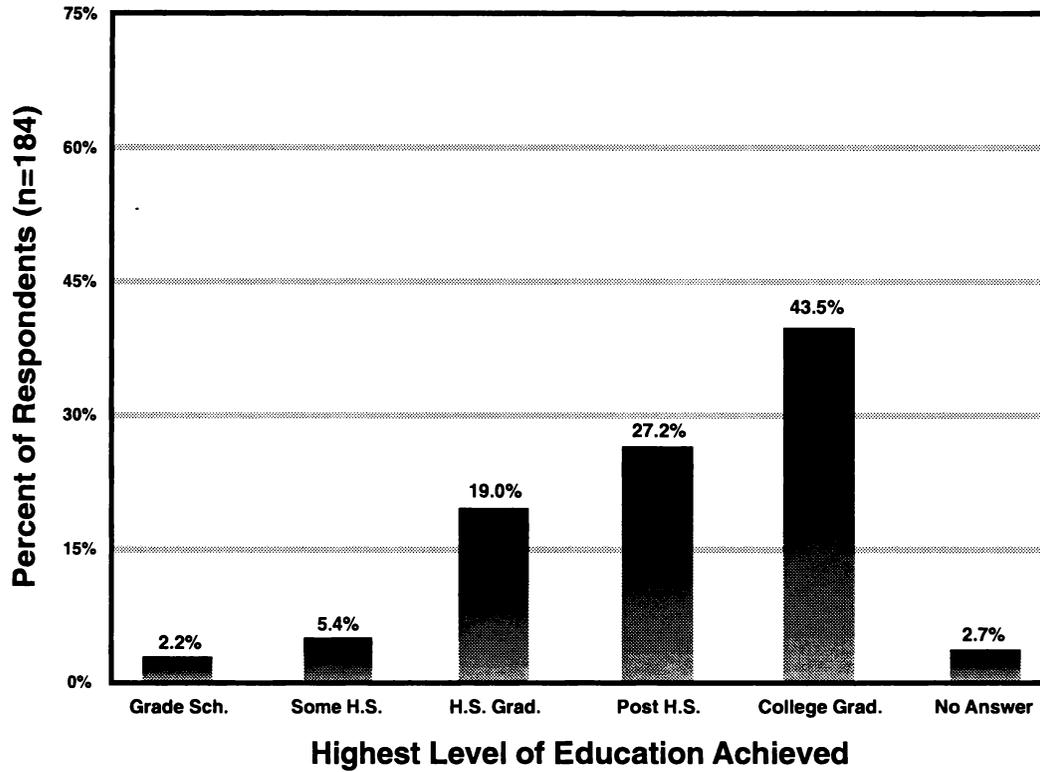


Figure 2. Family Income of Participants

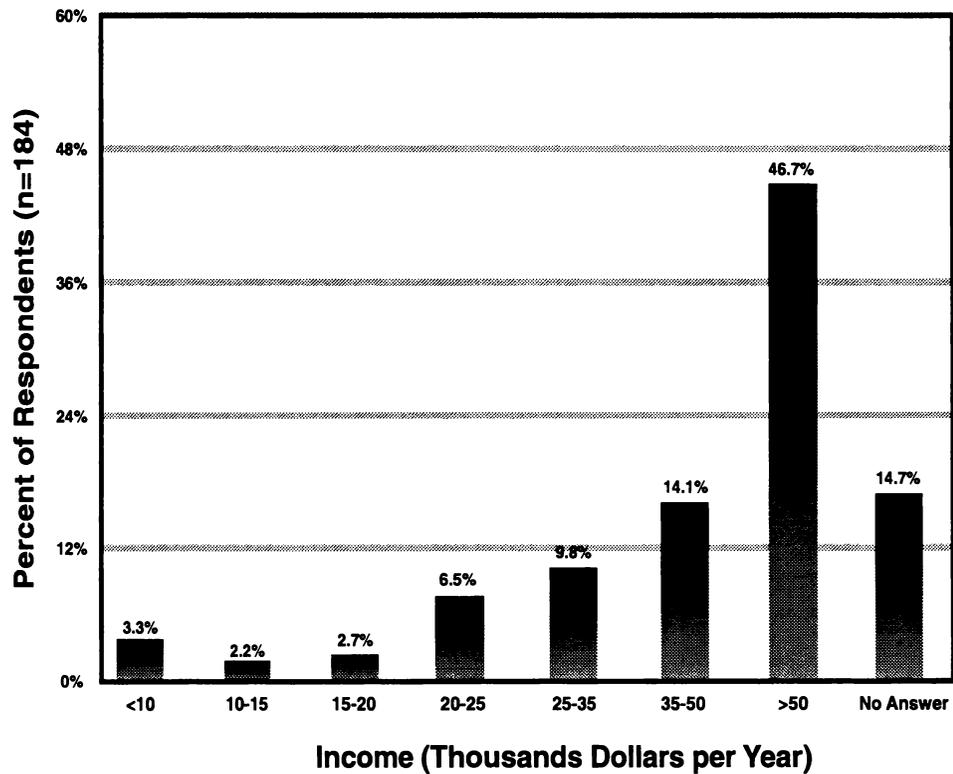
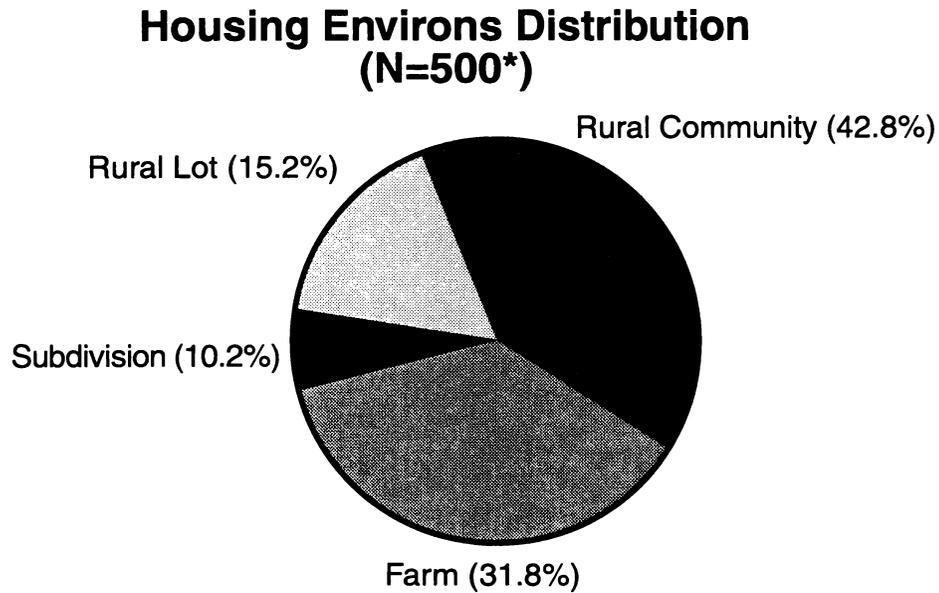


Figure 3. Housing Environs of Participants



* Twenty participants did not respond.

material was plastic (54%), while copper was reported by 36% of the participants. Seven percent of participants reported, "Don't know."

To properly evaluate the quality of water supplies in relation to the point of sampling, participants were asked if their household water systems had water treatment devices currently installed, and if so, the type of device. The results of the inquiry are presented in Figure 4. Sixteen percent of the participants reported at least one treatment device installed, with the most common type of treatment device in use being a sediment filter (35%), followed closely by water softener (33%) and acid water neutralizer (31%).

Participants' Perceptions of Household Water Quality

Participants were also asked about problems they were experiencing in their household water systems (see Appendix). They were asked initially whether or not they experienced one or more of the following conditions: (1) corrosion of pipes or plumbing fixtures; (2) unpleasant taste; (3) objectionable odor; (4) unnatural color or appearance; (5) floating, suspended, or settled particles in the water; and (6) staining of plumbing fixtures, cooking appliances/utensils or laundry. With the exception of (1) above, with which 25% of the participants identified, participants were given several more specific descriptions from which to choose if answering positively.

Sixteen percent of the participants responded that their water had an unpleasant taste. For these participants, the identification of tastes is presented in Figure 5. "Metallic" taste was the most common problem (36%), followed closely by "bitter", identified by 35% of those who reported taste problems. Fourteen percent of these reported "other" tastes, such as swampy.

An objectionable odor was reported by 9% of the participants. Of these, the description of odors selected is shown in Figure 6. The most prevalent odor described, by far, was “rotten egg,” or sulfur, identified by 84% of those reporting odor problems.

Eleven percent of the participants affirmed their water had an unnatural color or appearance. “Muddy” was identified by 35% of those who reported appearance problems (Figure 7), followed by 27% indicating “yellow.” Twenty-six percent offered their own descriptions by selecting “other” to include rusty.

A related question sought to identify the presence of solid particles in participants’ water supplies. Nine percent described such a condition; more than one-half of these (53%) reported that they noticed “white flakes” in their water (Figure 8). Eight percent indicated “other,” including several descriptions of oily film.

Staining problems on plumbing fixtures, cooking appliances/utensils, and/or laundry were reported by 48% of the participants. As presented in Figure 9, the major problem was that of “blue-green” identified by 61% of those with staining problems, followed by “rusty” stains, reported by 32%.

Household Water Quality Analysis

Ultimately, two sample groups resulted: the “tap water” and “raw water” samples. The “tap water” group consisted of the 520 individual household water supplies analyzed to represent the actual water quality at the drinking water tap (including treated water). The “raw water” group consisted of samples from untreated systems only - a total of 438 samples.

The raw water sample results presented below may not be entirely indicative of the status of raw groundwater quality in Dinwiddie and Prince George Counties. This may be particularly true for many of the nuisance contaminants for which treatment systems have been installed, since many of the already treated supplies likely represented the worst cases for specific contaminants correctable by treatment devices. Therefore, the inclusion of actual raw water (before treatment) analyses, if they had been available from those households with treatment devices installed, would likely have tended to worsen the overall assessment of raw water quality in the two counties.

General Water Chemistry Analysis

The tests included in the general water chemistry analysis are listed in Table 1, along with the detection limits, where appropriate, for each test as determined by laboratory equipment and testing procedure constraints. Also presented are the averages and ranges for each sample group defined for both counties combined. Table 2 provides, for both sample groups and each county, as well as both counties combined, the percentage of constituent values exceeding a given water quality standard or guideline. The results and importance of each test for both of the sample groups are individually discussed below.

Iron. Iron in water does not usually present a health risk. It can, however, be very objectionable if present in amounts greater than 0.3 mg/L. Excessive iron can leave brown-orange stains on plumbing fixtures and laundry. It may give water and/or beverages a bitter metallic taste and may also discolor beverages.

Overall, 8% of samples in both the tap water raw water sample groups had iron concentrations exceeding the U.S. Environmental Protection Agency (EPA) Secondary Maximum Contaminant Level (SMCL) of 0.3 mg/L. The presence of iron was not surprising in view of the generally accepted notion that excessive iron is prevalent in rural water supplies throughout much of Virginia. While only 2% of the participants reported the installation of an iron removal filter, the results of the sample questionnaire (see Appendix) revealed that 32% of the 252 who reported staining problems, or 15% of all participants, classified the color of those stains as “rusty” (red/orange/brown). Stains of this color on plumbing fixtures, cooking appliances/utensils, and/or laundry are usually attributed to excessive iron concentrations.

It should be noted that the SMCL for iron is likely based more on taste considerations than long-term staining tendencies, particularly on plumbing fixtures. It has been suggested that concentrations below 0.1 mg/L are preferred, when stain prevention is of concern. When a value of 0.1 mg/L was used as the threshold concentration, an additional 8% and 7% of samples in the tap water and raw water sample groups, respectively, of both counties exceeded this limit.

Manganese. Manganese does not present a health risk. However, if present in amounts greater than 0.05 mg/L, it may give water a bitter taste and produce black stains on laundry, cooking utensils, and plumbing fixtures.

The results of these analyses indicated that the extent of manganese problems in the two counties was greater than that of iron, and that Prince George County had more samples with excessive concentrations of both (Table 2). While manganese stains are generally dark and 5% of all participants indicated “black” stains, 13% of both the tap water and raw water samples exceeded the SMCL for manganese of 0.05 mg/L. The “particles in water” description of “black specks,” reported by 2% of all participants, may also provide evidence of excessive manganese concentrations.

Hardness. Hardness is a measure of calcium and magnesium in water. Hard water does not present a health risk. However, it keeps soap from lathering, decreases the cleaning action of soaps and detergents, and leaves soap “scum” on plumbing fixtures, and scale deposits in water pipes and hot water heaters. Softening treatment is highly recommended for very hard water (above 180 mg/L). Water with a hardness of about 60 mg/L or less does not need softening.

Hardness is an additional “natural” parameter usually linked to karst terrain and limestone formations that are not prevalent in this region of Virginia. Extensive use of water softeners is not warranted, however, 5% of participants (nearly nine-tenths of these in Prince George County) had installed a water softener (Figure 4). Overall, 3% of both tap water and raw water samples exceeded the maximum recommended hardness level of 180 mg/L, a sizable majority of these from Prince George County (Table 2).

Hardness tolerance, like that of many nuisance contaminants, is somewhat relative to individual preferences. For example, water with total hardness between 60 mg/L and 180 mg/L may warrant the installation of a commercial water softener in the view of some household water users while others are satisfied with untreated water. Eighteen percent of both the tap water and raw water samples of both counties were in the range of 60 mg/L to 180 mg/L total hardness, four-fifths of which were from Prince George County, indicating that more than one-fifth of all samples from both counties combined could be classified as “moderately hard” or “harder.”

Sulfate. High sulfate concentrations may result in adverse taste or may cause a laxative effect. The SMCL for sulfate is 250 mg/L. Sulfates are generally naturally present in groundwater and may be associated with other sulfur-related problems, such as hydrogen sulfide gas. This gas may

Figure 4. Household Water Treatment Devices Installed

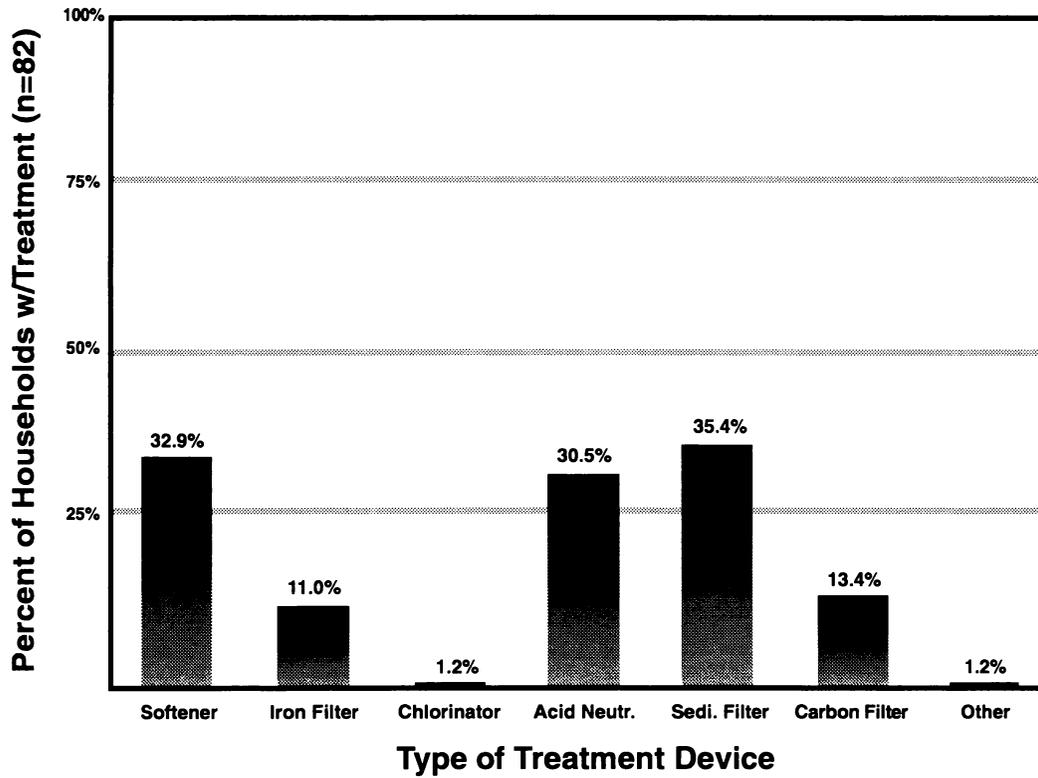


Figure 5. Unpleasant Tastes Reported by Participants

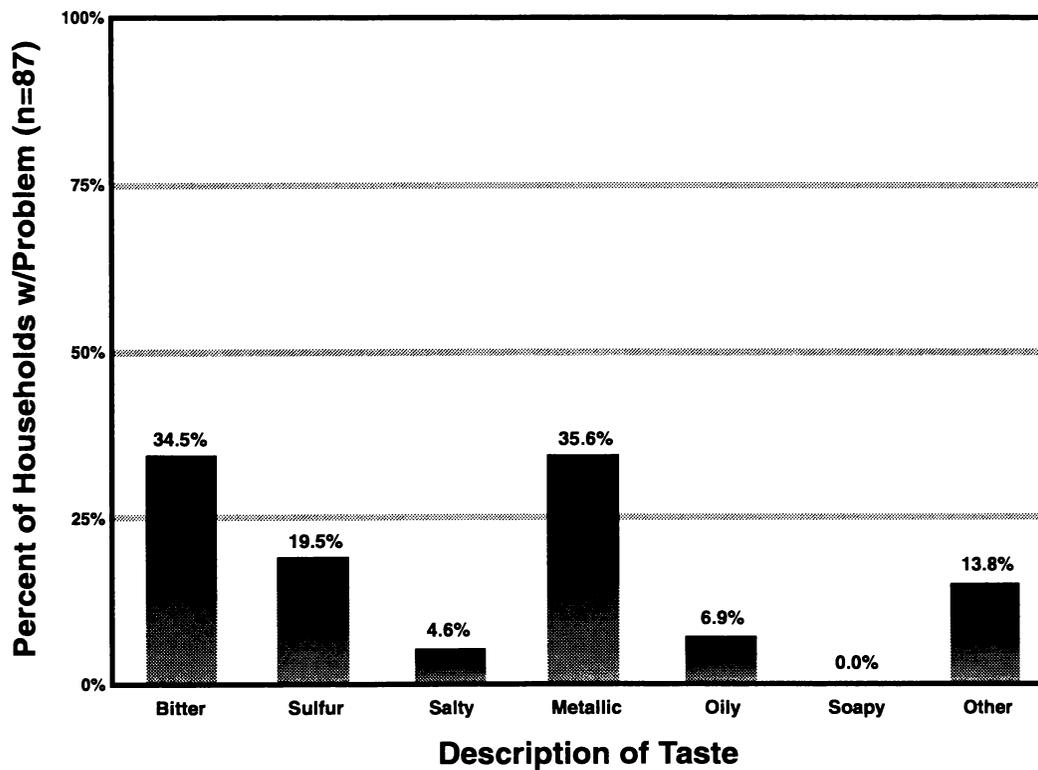


Figure 6. Objectionable Odors Reported by Participants

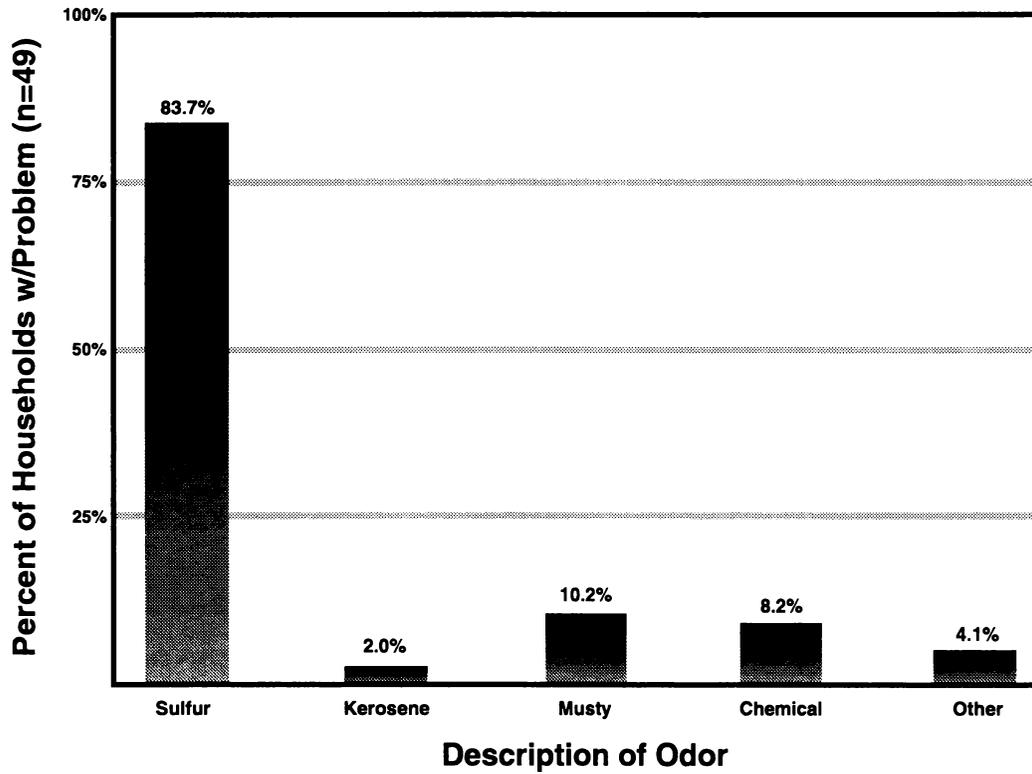


Figure 7. Unnatural Appearance Reported by Participants

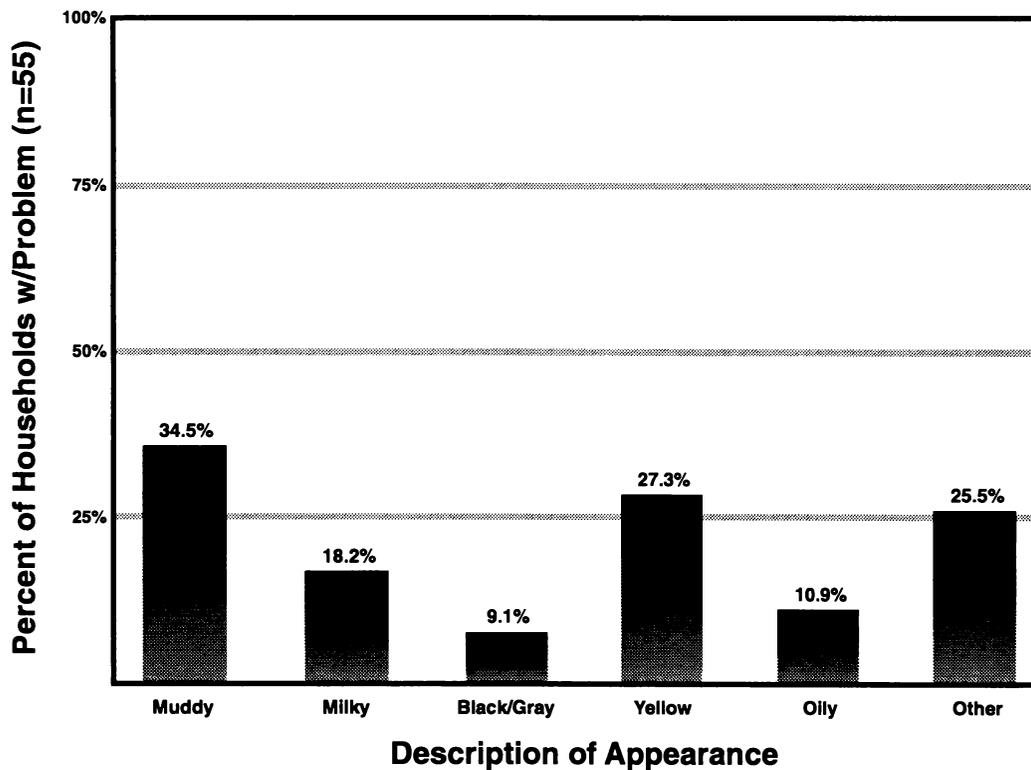


Figure 8. Particles in Water Reported by Participants

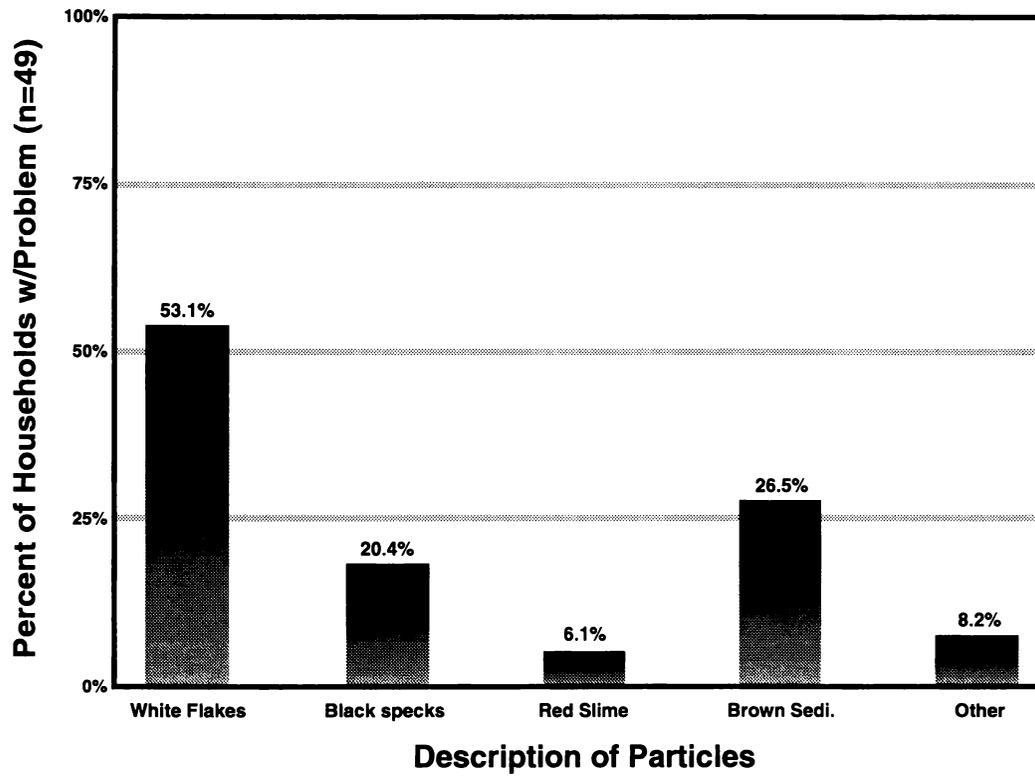
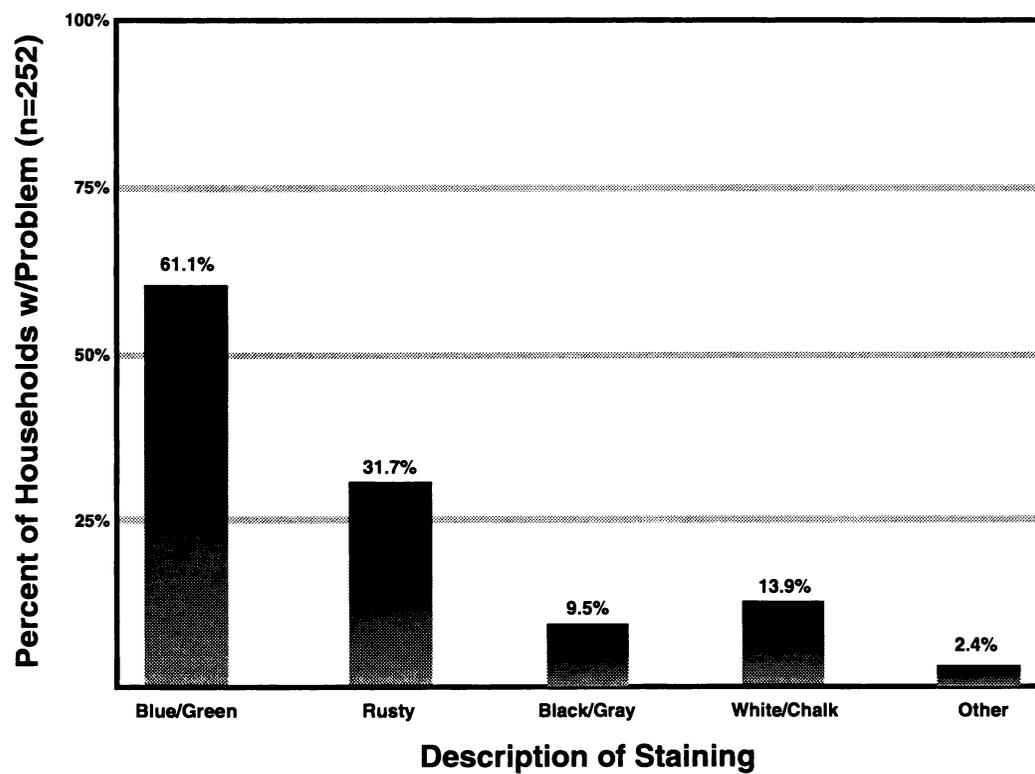


Figure 9. Staining Problems Reported by Participants



be caused by the action of sulfate-reducing bacteria, as well as by other types of bacteria (possibly disease-causing bacteria) on decaying organic matter. While it is difficult to test for the presence of this gas in water, it can be easily detected by its characteristic “rotten egg” odor, which may be more noticeable in hot water. Water containing this gas may also corrode iron and other metals in the water system and may stain plumbing fixtures and cooking utensils.

Sulfate concentrations were relatively low for both the raw water and tap water sample groups. None of the raw water or tap water samples exceeded 250 mg/L. The complaints of a “rotten egg/sulfur” odor by more than four-fifths of those reporting odor problems indicate that hydrogen sulfide gas may be a somewhat widespread problem in household water systems in the two counties; a conclusion that can not be confirmed by the presence of sulfate.

Chloride. Chloride in drinking water is not a health risk. Natural levels of chloride are generally low, and high levels in drinking water usually indicate contamination from a septic system, road salts, fertilizers, industry, or animal wastes. High levels of chloride may speed corrosion rates of metal pipes and cause pitting and darkening of stainless steel. The EPA has set an SMCL for chloride of 250 mg/L. Only five of the tap water and raw water samples in the two counties exceeded the SMCL for chloride.

Fluoride. Fluoride is of concern primarily from the standpoint of its effect on teeth and gums. Small concentrations of fluoride are considered to be beneficial in preventing tooth decay, whereas moderate amounts can cause brownish discoloration of teeth, and high fluoride concentrations can lead to tooth and bone damage. For these reasons, the EPA has set both a SMCL of 2 mg/L and a Maximum Contaminant Level (MCL) of 4 mg/L. None of the samples in either county exceeded the SMCL, with all values below the detection limit of 0.5 mg/L.

Total Dissolved Solids (TDS). High concentrations of dissolved solids may cause adverse taste effects and may also deteriorate household plumbing and appliances. The EPA SMCL is 500 mg/L total dissolved solids. Average TDS concentrations were 102 mg/L and 108 mg/L for the raw water and tap water sample groups, respectively. Only three tap water samples and one raw water sample exceeded the standard. The maximum TDS concentration among both the raw and tap water samples was 1871 mg/L.

pH. The pH indicates whether water is acidic or alkaline. Acidic water can cause corrosion in pipes and may cause toxic metals from the plumbing system to be dissolved in drinking water. The life of plumbing systems may be shortened due to corrosion, requiring expensive repair and replacement of water pipes and plumbing fixtures. Treatment is generally recommended for water with a pH below 6.5. Alkaline water with a pH above 8.5 is seldom found naturally and may indicate contamination by alkaline industrial wastes. The EPA has set a suggested range of between 6.5 and 8.5 on the pH scale for drinking water.

The average pH reading was 6.5 for the tap water and 6.4 for the raw water sample groups. None of the samples exceeded a pH of 8.5, with a maximum pH value in both groups of 8.3. For the tap water and raw water sample groups, 55% and 60%, respectively were less than 6.5, with the incidence of excessive acidity substantially more prevalent in Dinwiddie County (Table 2). While the remaining samples had a pH above 6.5, slightly acidic water with a pH between 6.5 and 7.0 can lead to less immediate staining and corrosion problems. An additional 21% of the tap water and 19% of the raw water samples of both counties fell into this category.

Saturation Index. The saturation index (Langlier) is used, in addition to pH, to evaluate the extent of potential corrosion of metal pipes, plumbing fixtures, etc. It is a calculated value based on the calcium concentration, total dissolved solids concentration, measured pH, and alkalinity. A saturation index greater than zero indicates that protective calcium carbonate deposits may readily form on pipe walls. A saturation index less than zero indicates that the water does not have scale-forming properties and pipes may be subject to corrosion. Saturation index values between -1 and +1 are considered acceptable for household water supplies.

No saturation index values were determined to be above +1 in either sample group. Values of less than -1, however, were determined for 85% of the tap water and 86% of the raw water samples. Average saturation index values were -3.05 and -3.16 for the tap water and raw water sample groups, respectively, with minimum values of -6.87 in both groups.

Copper. The EPA health standard for copper in public drinking water supplies is 1.3 mg/L, the maximum level recommended to protect people from acute gastrointestinal illness. Even lower levels of dissolved copper may give water a bitter or metallic taste and produce blue-green stains on plumbing fixtures. Consequently, EPA has established an SMCL for copper of 1.0 mg/L in household water.

Overall, nine samples in the tap and raw water groups exceeded both the recommended health level of 1.3 mg/L and the SMCL of 1.0 mg/L. An additional three samples exceeded the latter but not the former standard. The maximum copper concentration measured was 5.0 mg/L. Since natural levels of copper in groundwater are low, and the primary contributor of copper in drinking water is corrosion of copper water pipes and fittings, low copper levels were expected, even in the case of tap water samples, assuming that water lines were flushed properly prior to sampling.

Sodium. Sodium may be a health hazard to people suffering from high blood pressure or cardiovascular or kidney diseases. For those on low-sodium diets, 20 mg/L is suggested as a maximum level for sodium in drinking water, although a physician should be consulted in individual cases. Average sodium concentrations were 9.8 mg/L and 7.6 mg/L for the tap water and raw water sample groups, respectively, while the maximum concentration was 411 mg/L in both cases. For the tap water and raw water samples, respectively, 6% and 4% exceeded 20 mg/L.

It should be reemphasized, however, that the suggested threshold of 20 mg/L for sodium is relatively low and applicable only to individuals suffering from health problems, such as heart disease or high blood pressure. To evaluate the presence of high sodium levels in the context of an otherwise healthy individual, a threshold value of 100 mg/L sodium has been suggested. Only three of the tap water samples and one of the raw water samples exceeded this 100 mg/L threshold.

Nitrate. High levels of nitrate may cause methemoglobinemia or “blue-baby” disease in infants. Though the EPA has set a MCL for nitrate (as N) of 10 mg/L, it suggests that water with greater than 1 mg/L not be used for feeding infants. Levels of 3 mg/L or higher may indicate excessive contamination of the water supply by commercial fertilizers and/or organic wastes from septic systems or farm animal operations, which may be subject to seasonal and climatic influences.

The maximum concentration of nitrate obtained was 15.4 mg/L for both the tap water and raw water sample groups. Only two percent of the samples in each sample group exceeded the MCL of 10 mg/L. Thus, serious nitrate contamination does not appear to be a widespread problem in either county. When a 1 mg/L threshold value was selected, however, a much higher occurrence of

Table 1. Average and range of concentration of contaminants comprising general water chemistry analysis for Dinwiddie and Prince George Counties.

Test	Detection Limit	Measured Concentrations					
		Raw Water (n= 129 438)			Tap Water (n=520)		
		Avg. ¹	Min.	Max.	Avg.	Min.	Max.
Iron (mg/L)	0.005	0.098	DL ²	4.463	0.104	DL	4.463
Manganese (mg/L)	0.001	0.028	DL	0.732	0.027	DL	0.732
Hardness (mg/L)	0.3	44.1	DL	259.3	45.3	DL	373.5
Sulfate (mg/L)	0.3	4.7	DL	60.0	5.0	DL	60.0
Chloride (mg/L)	40.0	50.0	DL	1130.0	51.0	DL	1130.0
Fluoride (mg/L)	0.5	DL	DL	DL	DL	DL	DL
TDS (mg/L)	1.0	102.0	20.0	1871.0	108.0	20.0	1871.0
pH	-	6.42	4.35	8.29	6.50	4.35	8.34
Saturation Index	-	-3.16	-6.87	0.30	-3.05	-6.87	0.30
Copper (mg/L)	0.002	0.156	DL	5.035	0.151	DL	5.035
Sodium (mg/L)	0.01	7.56	0.11	410.50	9.77	0.11	410.50
Nitrate (mg/L)	0.005	1.876	DL	15.437	1.807	DL	15.437

¹Averages calculated on the basis of below detection limit (DL) values set equal to the DL.

²Sample concentration non-detectable, i.e., below the detection limit for the given contaminant.

Table 2. Percent of concentrations exceeding established standards for contaminants comprising general water chemistry and bacteriological analysis for Dinwiddie and Prince George Counties.

Test	Standard	Percent of Values Exceeding Standard					
		Raw Water			Tap Water		
		Total n=438	Dinw. n=207	P.G. n=231	Total n=520	Dinw. n=225	P.G. n=295
Iron (mg/L)	0.3	7.5	5.3	9.6	7.7	5.8	9.2
Manganese (mg/L)	0.05	13.0	12.1	13.9	13.3	12.9	13.6
Hardness (mg/L)	180.0	3.0	1.0	4.8	3.3	1.3	4.7
Sulfate (mg/L)	250.0	0	0	0	0	0	0
Chloride (mg/L)	250.0	0.7	0.5	0.9	1.0	0.9	1.0
Fluoride (mg/L)	$\frac{2}{4}$	$\frac{0}{0}$	$\frac{0}{0}$	$\frac{0}{0}$	$\frac{0}{0}$	$\frac{0}{0}$	$\frac{0}{0}$
TDS (mg/L)	500.0	0.2	0.5	0	0.6	0.9	0.3
pH - Low	6.5	60.0	74.4	47.2	55.4	71.1	43.4
pH - High	8.5	0	0	0	0	0	0
Saturation Index - Low	-1.0	85.6	97.1	75.3	84.8	96.4	75.9
Saturation Index - High	+1.0	0	0	0	0	0	0
Copper (mg/L)	$\frac{1.0}{1.3}$	$\frac{2.7}{2.1}$	$\frac{1.4}{1.4}$	$\frac{3.9}{2.6}$	$\frac{2.3}{1.7}$	$\frac{1.3}{1.3}$	$\frac{3.0}{2.0}$
Sodium (mg/L)	20.0	3.7	5.3	2.2	6.3	5.7	6.7
Nitrate (mg/L)	10.0	2.1	2.9	1.3	2.3	3.6	1.4
Total Coliform	ABSENT	61.9	66.7	57.6	58.8	63.6	55.3
E. coli	ABSENT	3.2	3.9	2.6	3.1	3.6	2.7

nitrate was determined. In this case, nearly one-half of the samples, 47% of both the tap water and raw water samples, exceeded the level of potential concern to infant health. Furthermore, 19% of the tap water samples and 20% of the raw water samples had nitrate concentrations exceeding 3 mg/L, indicating that health-impacting levels would likely be approached in a number of cases in both counties. In both of the non-standard threshold cases, similar occurrences of excessive nitrate were noted for both counties.

Bacteriological Analysis

A common hazard of private household water supplies is contamination by potentially harmful bacteria and other microorganisms. Microbiological contamination of drinking water can cause short-term gastrointestinal disorders, such as cramps and diarrhea, that may be mild to very severe. Of the non-gastrointestinal disorders, one particularly important disease transmissible through drinking water is Viral Hepatitis A. Other diseases include salmonella infections, dysentery, typhoid fever, and cholera.

Coliform bacterial detection is simply an indication of the possible presence of pathogenic, or disease-causing organisms. Detection of coliform bacteria is confirmed by a total coliform analysis result above zero. Coliforms are always present in the digestive systems of all warm-blooded animals and can be found in their wastes. Coliforms are also present in the soil and in plant material. While a water sample with total coliform bacteria present may have been inadvertently contaminated during sampling, other possibilities include surface water contamination due to poor well construction, contamination of the household plumbing system, or water table contamination. To determine whether or not the bacteria were from human and/or animal waste, positive total coliform tests were followed up by an analysis for E. coli bacteria.

Of the 520 household water samples from the two counties analyzed for total coliform bacteria, 306 (59%) tested positive (present). Subsequent E. coli analysis for these total coliform positive samples resulted in 16, or 5%, positive results, or 3% of all household water samples undergoing bacteriological analysis. The percentages of positive total coliform and E. coli results for the raw water sample group were 62 and 3, respectively.

The susceptibility of household water supplies to bacteriological contamination has often been associated with the type of water source. For example, it is generally accepted that the likelihood of bacteriological contamination of springs is greater than that of well water supplies, which usually offer better protection from surface, or near surface, contaminants. Similarly, deep drilled wells are better protected than shallow dug and bored wells. This contention is borne out by the results of this program, which indicated that the incidence of total coliform and E. coli contamination of dug/bored wells was 65% and 4%, respectively, while for drilled wells, positive total coliform and E. coli results were obtained for 49% and 2% of the samples.

The age of a water source/system is an additional factor which may have an influence on contamination susceptibility. With respect to wells in particular, deterioration of the well structure over time, cumulative damage caused by equipment traffic, etc., and prolonged exposure of the wellhead area to potentially harmful pollutants may all contribute to the eventual contamination of the well. A major age-related impact could relate to the development of, and conformance with, well construction standards through the years. Major legislation in Virginia to address such issues, has been enacted in recent years, most notably in the early 1970's and early 1990's. Therefore, for the purpose of examining the occurrence of bacteriological contamination with well age, the sample results were evaluated for the following three construction date categories: (1) pre-1970, (2) 1970-1989, and (3) 1990 to date. With respect to

Table 3. Pesticides and other chemical compounds analyzed in 27 household water supplies (Dinwiddie and Prince George Counties).

Common Name	Trade name	Maximum Desired Concentration ¹ (ppb) ²	Maximum Measured Concentration (ppb)	Frequency of Sample Detection
Aciflourfen	Blazer	1.0	ND ³	0
Alachlor	Lasso	2.0	7.12	4
Aldicarb	Temik	7.0	ND	0
Atrazine	Aatrex	3.0	ND	0
Bentazon	Basagran	20.0	ND	0
Captan	Orthocide	-	ND	0
Chlordane		2.0	ND	0
Chlorpyrifos	Dursban	20.0	ND	0
Cyanazine	Bladex	1.0	ND	0
DCPA	Dacthal	400.0	ND	0
DDTs		-	ND	0
Diazinon	Spectracide	0.6	ND	0
Dicamba	Banvel	200.0	ND	0
Disulfoton	Disyston	0.3	ND	0
Flumetralin	Prime Plus	-	ND	0
Lindane		0.2	ND	0
Malathion	Cythion	200.0	ND	0
Metolachlor	Dual	70.0	6.69	3
Pendimethalin	Prowl	-	ND	0
Picloram	Tordon	500.0	ND	0
Pyrethrins		-	ND	0
Simazine	Princep	4.0	ND	0
2, 4-D		70.0	ND	0
2, 4, 5-T		70.0	ND	0
2, 4, 5-TP	Silvex	50.0	ND	0

¹ U.S. EPA MCL or HAL, if available

² ppb - parts per billion, equivalent to micrograms per liter in water

³ ND - Non-detectable (below laboratory detection limit of 0.01 ppb)

Table 4. Measures taken or planned by respondents, since water quality analysis, to improve water supply (Dinwiddie and Prince George Counties)

Measure	Percent of All Respondents (n=184)	Percent of Respondents who Reported the Following Problems			
		Health Only (n=53)	Nuisance Only (n=33)	Health & Nuisance (n=40)	None (n=58)
Contact an Agency, such as the Health Department	8.2	15.1	9.1	7.5	1.7
Seek Additional Water Testing from Another Lab	7.1	7.5	3.0	12.5	5.2
Determine Source of Undesirable Condition	7.6	13.2	3.0	15.0	0
Pump Out Septic System	9.2	9.4	9.1	7.5	3.4
Improve Physical Condition of Water Source	6.5	9.4	6.1	7.5	3.4
Shock-Chlorinate Water System	40.2	56.6	18.2	70.0	17.2
Obtain New Water Source	0.5	1.9	0	0	0
Use Bottled Water for Drinking/Cooking	9.8	11.3	6.1	17.5	5.2
Temporary Disinfection, such as Boiling Water	2.2	5.7	0	2.5	0
Purchase or Rent Water Treatment Equipment	11.4	5.7	21.2	17.5	6.9
Improve Existing Water Treatment Equipment	6.5	7.5	3.0	5.0	8.6
Take Other Measures to Eliminate/Reduce Contaminant(s)	6.0	5.7	6.1	12.5	1.7
Have Not Done Anything	32.1	15.1	36.4	12.5	58.6

total coliform bacteria, for each of the above categories, the percentages of well water samples determined to be positive were as follows: (1) 63, (2) 61, and (3) 45. For *E. coli* bacteria, the corresponding percentages were: (1) 9, (2) 1, and (3) 0. Perhaps not surprisingly, a substantial reduction in positive bacteria cases overall was not noted until the latter time period, likely influenced not only by the newness of the wells, but also the substantiality of the most recent legislation, requiring stricter well standards, licensing of well drillers, and post-construction inspections.

Fecal bacteria in household water supplies may have originated from animal waste generation and/or human waste from septic systems. Although, positive results should be viewed with concern, they are not a cause for panic. Individuals have probably been drinking this water for some time with no ill effects and could possibly continue to do so. Nevertheless, such problems should be further investigated and remedied, if possible. Program participants whose water tested positive were given information regarding emergency disinfection, well improvements, septic system maintenance and other steps to correct the source of contamination. After taking initial corrective measures, they were advised to have the water retested for total coliform, followed by *E. coli* tests, if warranted.

Pesticide Analysis

As mentioned earlier, several of the original participating households opted to pay for additional testing of pesticides and other chemical compounds. Ultimately, 27 household water supplies, of the original total of 520, were resampled. The 25 constituents analyzed were considered to be the most likely to be found in groundwater partly because they are currently, or were recently, in common use in the two-county area. These pesticides and other compounds are listed in Table 3.

Analysis of these constituents revealed little evidence of excessive contamination in terms of human health implications. Out of a total of 675 test results, 668 or 99.0%, resulted in concentrations below the laboratory detection limit (considered to be approximately 0.01 parts per billion, or ppb). Four separate water samples had a compound, or compounds, present at a detectable concentration. As shown in Table 3, four detections of alachlor and three of metolachlor resulted, all but one of which were well below the respective EPA MCL or Health Advisory Level (HAL).

Post-Program Survey

Following the completion of the basic educational program, a survey form (see Appendix) was mailed to the 520 households whose water supply had been tested. The objectives of the survey were to determine: 1) reasons for program participation and for having water tested, and 2) what the respondents had done to correct water quality problems as a result of participation in the educational program. One hundred and eighty-four (35%) had returned the survey forms by the deadline.

Household Water Testing History

Participants were asked to indicate their previous experience with water testing and, specifically, if and when they had last had a laboratory analysis of their present household water supply. Thirty-nine percent of the respondents indicated that they had previously obtained water test results. Of those reporting a prior testing date, 51% had done so within the past five years and 24% within the past two years.

Reasons for Program Participation

People participated in the water quality program for one or more reasons. Eighty-three percent of the respondents were prompted to participate by concern about the safety of their water supply. Twenty-eight percent of the respondents were prompted by nuisance problems, such as staining, objectionable taste and odor, etc. Eleven percent wanted to follow up on previous tests of their household water. Eleven percent cited other reasons, such as general curiosity and low-cost opportunity.

Follow-up Activities Taken or Planned

Participants were asked to indicate the measures they planned to take, or had already taken, to improve the quality of their water supply, since receiving the results of their water quality analysis. Table 4 presents the results of this inquiry, with the greatest number of households, by far, indicating that they had already, or planned to, shock chlorinate the water system.

Participants were asked if the water analysis showed that their water was unsatisfactory for one or more of the following: bacteria, nitrate, sodium, iron, manganese, hardness, and pH. Responses were grouped in four categories: 1) households with potential health problems (positive bacteria test results and/or unsatisfactory levels of nitrate or sodium in their water samples), 2) households with unsatisfactory levels of nuisance contaminants (one or more of the following: iron, manganese, hardness, and pH), 3) households with potential health problems and unsatisfactory levels of nuisance contaminants, and 4) households with neither potential health problems nor unsatisfactory levels of nuisance contaminants.

The measures planned or already taken to improve household water as follow-up to the water quality analysis were generally in agreement with the water quality problems identified by the testing. Of the households with potential health problems only, and those with health problems in combination with unsatisfactory levels of nuisance contaminants, 86% had taken, or planned to take, at least one measure to improve their water supply. The measure taken by the greatest number of households in these two categories, by far, was: shock chlorinate the water system.

Respondents were slightly more likely to address health-related problems than nuisance problems. Of the households with unsatisfactory levels of one or more nuisance contaminants only and those with nuisance problems in combination with potential health problems, 77% had taken, or planned to take, at least one measure to improve their water supply. Forty-one percent of the households with neither potential health problems nor unsatisfactory levels of nuisance contaminants reported taking follow-up measures.

CONCLUSIONS

The Household Water Quality Educational Programs conducted in Dinwiddie and Prince George Counties were considered to be successful. The opportunity to participate in the programs was well-received by local residents. Individuals participated in the programs primarily because of concern about the safety of their water supply. Despite being voluntary programs, a geographically distributed sample representing diverse household and water supply characteristics was obtained. While the project was designed for voluntary participation and quality control in sampling was not assured, the type of information gathered and summarized was, nevertheless, deemed useful for water quality assessment at county and regional levels.

Water quality analysis, for many nuisance constituents, generally supported the participants' descriptions of their water supplies regarding such problems as staining, taste and odor, and appearance. The severity of these symptoms is confirmed by the incidence of water treatment devices installed – 16% of all households participating had one or more water treatment devices installed.

Considering the results for both the raw and tap water sample groups, and the influence of the water treatment devices in use, the major remaining household water quality problems in Dinwiddie and Prince George Counties, existing from a nuisance standpoint, were iron/manganese and corrosivity. The major health-related concerns were corrosivity (because of the potential to raise dissolved copper and lead levels in household water) and bacteria. Furthermore, elevated nitrate concentrations may present a health risk to infants in a number of cases. Fifty-nine percent of the samples tested positive for total coliform and 3% were positive for E. coli bacteria. In these positive cases, participants were advised of ways to improve water supply conditions and were encouraged to pursue retesting for coliform bacteria.

The limited analysis for pesticides and other chemical compounds revealed few problems with such contamination. In all but four samples, for a total of seven detections, concentrations were nondetectable at levels below 0.01 ppb. Only one of the 27 tested samples had a concentration of any of the 25 pesticides and other chemical compounds analyzed present in a quantity exceeding the corresponding EPA MCL or HAL.

Eighty percent of the households that reported having at least one water quality problem had taken, or planned to take, at least one measure to improve the quality of their water supply. Ten percent or more of all respondents had taken, or planned to take, one or more of the following actions: shock chlorinate the water system, purchase or rent water treatment, and use bottled water for drinking/cooking.

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APPENDIX *

- (1) Program Fact Sheet
- (2) Sample Identification and Questionnaire Form
- (3) Sample Water Quality Analysis Report
- (4) Report Interpretation
- (5) Pesticide Analysis Sample Form
- (6) Post-Program Survey

** The following examples represent forms, reports, etc. used in the Prince George County Program only. Paperwork for Dinwiddie County was similar, except for the information that was county-specific.*

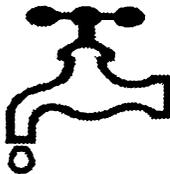
(1) Program Fact Sheet



Virginia Cooperative Extension



Prince George County
Household Well Water Testing Program



- To increase awareness and understanding of water quality issues.
- To determine water quality of individual households. To learn how to protect good water and how to treat problem water.
- To create a groundwater quality data inventory to assist Prince George County in land use and groundwater management planning. (Individual test results will be confidential.)

What tests will be done?

- | | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Iron | <input type="checkbox"/> Flouride | <input type="checkbox"/> Copper |
| <input type="checkbox"/> Managenese | <input type="checkbox"/> Total dissolved solids | <input type="checkbox"/> Nitrate |
| <input type="checkbox"/> Hardness | <input type="checkbox"/> pH | <input type="checkbox"/> Total coliform bacteria |
| <input type="checkbox"/> Sulfate | <input type="checkbox"/> Corrosion | <input type="checkbox"/> E.coli bacteria |
| <input type="checkbox"/> Chloride | <input type="checkbox"/> Sodium | |

What is the cost? \$15 for one sample per household.

These tests would normally cost \$150 - \$200 at a private lab. Virginia Tech and a USDA Extension Water Quality Initiative reduced the cost to \$30. The Prince George County Board of Supervisors and the James River Soil and Water Conservation District provided additional funds, which further reduced the cost to \$15.

To participate in this program . . .

- To register, phone the Prince George County Extension Office at **733-2686**. Registration is required prior to November 4, 1998.
- Attend one of two "kick-off" / informational meetings to be held at the Prince George County Board of Supervisors' Meeting Room on **November 4, at 3:00 p.m. and 7:00 p.m.** At this meeting, you will need to pay the \$15 fee and pick up your water sampling kit. Samples will be collected during November and transported to Virginia Tech for testing. A follow-up meeting will be held in mid-December to provide and explain test results.

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Virginia Cooperative Extension programs and employment are open to all, regardless of race, color, religion, sex, age, veteran status, national origin, disability, or political affiliation. An equal opportunity/affirmative action employer.

Any persons with disabilities who need assistance or accommodations, notify the Prince George County Extension Office at 733-2686 at least one week prior to the program

(2) Sample Identification and Questionnaire Form

PRINCE GEORGE COUNTY HOUSEHOLD WATER QUALITY PROGRAM

Prince George County Cooperative Extension
6450 Courthouse Road
Prince George, VA 23875
(804) 733-2686

SAMPLE IDENTIFICATION (Please print clearly and provide complete information on both sides of form.)

Sample No.: _____ Date collected: _____

Sample submitted by:

Name: _____

Mailing address: _____

Telephone: _____

FOR OFFICE USE ONLY
Map Grid No. _____
Lab Sample No. _____

Household water supply source **drawn for sample** (check one):

well spring cistern other (Specify: _____)

- If **well** is checked above:
- (a) is it a dug or bored well, drilled well, don't know;
 - (b) what is its approximate depth, if known? _____ feet
 - (c) what year was well constructed, if known? _____

Do other households share the same water supply? yes no If yes, approximately how many? _____

Water treatment devices currently installed and affecting **cold water only** drawn at faucet for sample (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> none | <input type="checkbox"/> acid water neutralizer |
| <input type="checkbox"/> water softener (conditioner) | <input type="checkbox"/> sediment filter (screen or sand type) |
| <input type="checkbox"/> iron removal filter | <input type="checkbox"/> activated carbon (charcoal) filter |
| <input type="checkbox"/> automatic chlorinator | <input type="checkbox"/> other (specify: _____) |

SAMPLING INSTRUCTIONS: You must take your water samples only on the collection day you have been assigned. For the general water analysis sample, use the larger plastic bottle as described below. A separate, smaller bottle is provided for bacteriological samples which should be taken last. If you have any questions about sampling procedures, call the Extension Office at 733-2686.

1. Do not remove caps from sample bottles until you are ready to take each sample. Do not touch inside of cap or mouth of either bottle.
2. Turn on the cold water faucet in the kitchen or bathroom (select a stationary, non-swivel faucet, if possible) and allow the water to run until it becomes as cold as it will get; then let it run for one more minute.
3. Slowly and carefully fill the larger bottle to avoid splashing or overflowing. Pour out this rinse water and then refill bottle completely. Tighten cap on bottle securely.
4. Let the water run for an additional two or three minutes. Reduce flow to prevent splashing and carefully fill the smaller bottle only once to the shoulder (just below the threaded top). **DO NOT RINSE BOTTLE.** Replace cap tightly.
5. Do not write anything on the bottle labels. If samples are not to be delivered immediately, store in refrigerator or on ice until ready to deliver later that day.
6. Fill out this Sample Identification Form and Questionnaire (on reverse side) completely and bring it, along with both water sample bottles, to the designated collection site on your assigned collection day.

Sample Identification and Questionnaire Form (cont.)

QUESTIONNAIRE (Please answer the following questions as completely as possible, considering how you view the **present** condition of the water sampled, including improvements due to any treatment devices identified on other side of form.)

1. Describe the location of your home. (Check one)
 on a farm on a remote, rural lot in a rural community in a housing subdivision
2. What pipe material is primarily used throughout your house for water distribution? (Check one)
 copper lead galvanized steel plastic (PVC, PE, etc.) other (specify: _____) don't know
3. Do you have problems with corrosion or pitting of pipes or plumbing fixtures? yes no
4. Does your water have an unpleasant taste? yes no
5. If yes, how would you describe the taste? (Check all that apply)
 bitter sulfur salty metallic oily soapy other (specify: _____)
6. Does your water have an objectionable odor? yes no
7. If yes, how would you describe the odor? (Check all that apply)
 "rotten egg" or sulfur kerosene musty chemical other (specify: _____)
8. Does your water have an unnatural color or appearance? yes no
9. If yes, how would you describe the color or appearance? (Check all that apply)
 muddy milky black/gray tint yellow tint oily film other (specify: _____)
10. Do you have problems with staining of plumbing fixtures, cooking appliances/utensils, or laundry? yes no
11. If yes, how would you describe the color of stains? (Check all that apply)
 blue-green rusty (red/orange/brown) black or gray white or chalk other (specify: _____)
12. In a standing glass of water, do you notice floating, suspended, or settled particles? yes no
13. If yes, how would you describe this material? (Check all that apply)
 white flakes black specks reddish-orange slime brown sediment other (specify: _____)
14. If your water supply is located **100 feet or less** from any of the following, please indicate. (Check all that apply)
 septic system drain field home heating oil storage tank (above or below ground)
 pit privy or outhouse stream, pond, or lake
 cemetery compost/trash pile
15. If your water supply is located **½ mile or closer** to any of the following, please indicate. (Check all that apply)
 landfill golf course
 illegal dump field crop/plant production
 active quarry farm animal operation
 abandoned quarry, industry, etc. manufacturing/processing operation (specify: _____)
 commercial underground storage tank or supply lines (gasoline service station, heating oil supplier, etc.)

This material is based upon work supported by the U.S. Department of Agriculture, Extension Service.

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(3) Sample Water Quality Analysis Report

**Prince George County
Household Water Quality Program**

Prince George County Cooperative Extension
6450 Courthouse Road
Prince George, VA 23875
(804) 733-2686

Sample No: P

Petersburg, VA 23805
(804) 732-

Source: Dug/Bored Well

Treatment: None

**Water Quality Results
Date of Sample: 11/16/98**

Test	Household Water Sample	Maximum Recommended Level or Range
Iron (mg/l)	0.0634	0.3
Manganese (mg/l)	0.0177	0.05
Hardness (mg/l)	21.8	180
Sulfate (mg/l)	0.956	250
Chloride (mg/l)	< 40	250
Fluoride (mg/l)	< 0.5	2
Total Dissolved Solids (mg/l)	46	500
pH	6.4**	6.5 to 8.5
Saturation Index	-3.23**	-1 to 1
Copper (mg/l)	0.094	1.0
Sodium (mg/l)	4.09	20
Nitrate-N (mg/l)	1.305	10
Total Coliform Bacteria	PRESENT**	ABSENT
E Coli Bacteria	ABSENT	ABSENT

** Measured Value exceeds recommendation for household water.

Analysis coordinated by Water Quality Laboratory, Dept. of Biological Systems Engineering, Virginia Tech, Blacksburg, VA.
The information provided is for the exclusive use of the homeowner and should not be used as official documentation of water quality. The material is based upon work supported by the U.S. Department of Agriculture, Extension Service.

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Lorenza W. Lyons, Administrator, 1890 Extension Program, Virginia State, Petersburg.

(4) Report Interpretation

Prince George County Household Water Quality Program

INTERPRETING YOUR HOUSEHOLD WATER QUALITY ANALYSIS REPORT

IRON

Iron in water does not usually present a health risk. It can, however, be very objectional if present in amounts greater than 0.3 mg/l. Excessive iron can leave red-orange-brown stains on plumbing fixtures and laundry. It may give water and/or beverages a bitter, metallic taste and discolor beverages.

MANGANESE

Manganese does not present a health risk. However, if present in amounts greater than 0.05 mg/l it may give water a bitter taste and produce black stains on laundry, cooking utensils, and plumbing fixtures.

HARDNESS

Hardness is a measure of calcium and magnesium in water. Hard water does not present a health risk. However, it keeps soap from lathering, decreases cleaning action of soaps and detergents, leaves soap "scum" on plumbing fixtures, and leaves scale deposits on water pipes and hot water heaters. Softening treatment is highly recommended for very hard water (above 180 mg/l). Water with a hardness of about 50 mg/l or less does not need softening. Water hardness may also be reported in units of grains per gallon, or gpg (1 gpg = 17.1 mg/l hardness). In all but extremely hard water situations, it may be desirable to soften only the hot water.

SULFATE

High sulfate concentrations may result in adverse taste as well as cause a laxative effect. The Secondary Maximum Contaminant Level for sulfate is 250 mg/l. Sulfates are generally naturally present in groundwater and be linked to other sulfur-related problems, such as hydrogen sulfide gas. This gas may be caused by the action of sulfate reducing bacteria as well as other types of bacteria on decaying organic matter. While it is difficult to test for the presence of hydrogen sulfide gas in water, it can be easily detected by its characteristic "rotten egg" odor which may be more noticeable in hot water. Water containing this gas may also corrode iron and other metals in the water system as well as stain plumbing fixtures and cooking utensils.

CHLORIDE

Chloride in drinking water is not a health risk. Natural levels of chlorides are low; high levels in drinking water usually indicate contamination from a septic system, road salts, fertilizers, industry, or animal wastes. High levels of chloride may speed corrosion rates of metal pipes, and causing pitting and darkening of stainless steel. The EPA has set a Secondary Maximum Contaminant Level for chloride of 250 mg/l.

FLUORIDE

Fluoride is of concern primarily from the standpoint of its effect on teeth and gums. Small concentrations of fluoride are considered to be beneficial in preventing tooth decay while moderate amounts can cause brownish discoloration of teeth and high fluoride concentrations can lead to tooth and bone damage. For these reasons, the EPA has set both a Secondary Maximum Contaminant Level and a Maximum Contaminant Level of 2 and 4 mg/l, respectively.

TOTAL DISSOLVED SOLIDS (TDS)

High concentrations of dissolved solids may cause adverse taste effects and may also lead to increased deterioration of household plumbing and appliances. The EPA Secondary Maximum Contaminant Level is 500 mg/l total dissolved solids.

pH

The pH of water indicates whether it is acidic (below 7.0) or alkaline (above 7.0). Acidic water can cause corrosion in pipes, and may cause toxic metals from plumbing systems, such as copper and lead, to be dissolved in drinking water. Dissolved copper may give water a bitter or metallic taste, and produce blue-green stains on plumbing fixtures. The life of plumbing systems may be shortened due to corrosion requiring expensive repair and replacement of water pipes and plumbing fixtures. The use of plastic pipes throughout the water distribution system should lessen these concerns. Water with a pH below 6.5 is considered to be acidic enough to require treatment. Alkaline water with a pH above 8.5 is seldom found naturally, and may indicate contamination by alkaline industrial wastes. The EPA has set a suggested range of between 6.5 and 8.5 on the pH scale for drinking water.

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Report Interpretation (cont.)

SATURATION INDEX

The saturation (Langlier) index, in addition to pH, is used to evaluate the extent of potential corrosion of metal pipes, plumbing fixtures, etc. It is a calculated value based on the calcium concentration, total dissolved solids concentration, measured pH, and alkalinity, and is a measure of the scale formation potential of the water. A saturation index greater than zero indicates that protective calcium carbonate deposits may readily form on pipe walls. A saturation index less than zero indicates that the water does not have scale-forming properties and pipes may be subject to corrosion. Saturation index values between -1 and +1 are considered acceptable for household water supplies. NOTE: Values of less than -1 need not be of concern if the water is not acidic (indicated by a pH of 7.0 or above). Water softener owners may note a saturation index reading lower than desired. While these treatment devices correct hardness, they may enhance the corrosion potential of the water. Concerns about resulting drinking water quality may be lessened by softening only the hot water or bypassing drinking water lines.

COPPER

The EPA drinking water standard for copper is 1.3 mg/l, based on concerns about acute gastrointestinal illness. Since dissolved copper also leaves blue-green stains on plumbing fixtures, a Secondary Maximum Contaminant Level of 1.0 mg/l is also provided for copper. While copper in household water most often comes from the corrosion of brass and copper plumbing materials, this type of contamination is not likely to be detected under the sampling procedure followed in this program which called for flushing the water lines. Therefore, any excessive amounts of copper from the water source itself may indicate contamination from industrial wastes or dumps/landfills.

SODIUM

Excessive sodium has been linked to problems with high blood pressure, and heart and kidney diseases. Moderate quantities of sodium in drinking water are not considered harmful since an individual normally receives most (over 90%) of his/her sodium intake from food. For those on low-sodium diets, both the American Heart Association and EPA suggest 20 mg/l as a maximum level for sodium in drinking water; a physician should be consulted in individual cases. Water softening by ion-exchange will increase sodium levels in water. To reduce sodium in drinking water requiring such treatment, soften only the hot water or bypass drinking water lines.

NITRATE

High levels of nitrate may cause methemoglobinemia or "blue-baby" disease in infants. Though the EPA has set a Maximum Contaminant Level for nitrate-nitrogen of 10 mg/l, they suggest that water with greater than 1 mg/l be used with caution for feeding infants. Levels of higher than 3 mg/l may indicate excessive contamination of water supply by commercial fertilizers as well as organic wastes from septic systems or farm animal operations.

TOTAL COLIFORM BACTERIA

Microbiological contamination of drinking water can cause short term gastrointestinal disorders, resulting in cramps and diarrhea that may be mild to very severe. Other diseases of concern are Viral Hepatitis A, salmonella infections, dysentery, typhoid fever, and cholera. While coliform bacteria do not cause disease, they serve as indicators of the possible presence of disease bacteria. Coliform bacteria are always present in the digestive systems of humans and animals and could also come from natural sources such as soil or decaying vegetation. Analysis for total coliform bacteria is the EPA standard test for microbiological contamination of a water supply. A positive test result reported as "present" indicates the presence of coliform bacteria and is followed by a test for fecal coliform bacteria.

E COLI

A test for fecal coliform bacteria is necessary to determine whether or not any coliform bacteria present are from human and/or animal waste. A positive E. coli test result reported as "present" indicates that waste from a septic system or nearby animals is likely contaminating the water supply.

Glossary

EPA - U. S. Environmental Protection Agency

mg/l - Concentration unit of milligrams per liter in water, equivalent to one part per million (ppm).

Maximum Contaminant Level (MCL) - Legally enforceable national standard set by the EPA to protect the public from exposure to water hazards. Standards only apply to public drinking water systems, but, they also serve as a guide for individual water supplies.

Secondary Maximum Contaminant Level (SMCL) - Concentration limits for nuisance contaminants and physical problems. These standards are not enforced by governments. However, they are useful guidelines for individual water supplies.

Compiled by Blake Ross, Extension Agricultural Engineer, and Kathy Parrott, Extension Specialist, Housing, Virginia Tech, Blacksburg, VA

December 1998

This material is based upon work supported by the U. S. Department of Agriculture-Extension Service.

(5) Pesticide Analysis Sample Form

**PRINCE GEORGE COUNTY
HOUSEHOLD WATER QUALITY PROGRAM
CHEMICAL COMPOUND ANALYSIS**

Department of Biological Systems Engineering
Virginia Polytechnic Institute and State University
Blacksburg, Virginia 24061-0303

SAMPLE NUMBER: _____

DATE COLLECTED: _____

SAMPLE SUBMITTED BY:

NAME: _____

MAILING ADDRESS: _____

TELEPHONE: _____

WAS THE WATER TREATED BEFORE SAMPLING? ____ YES ____ NO (IF AT ALL POSSIBLE, SAMPLE WATER BEFORE TREATMENT)

IF YES, WHAT TREATMENT DEVICE(S) DID THE WATER PASS THROUGH PRIOR TO SAMPLING?

COMMENTS REGARDING LIKELIHOOD OF CHEMICAL CONTAMINATION (SPILLS, NEARBY USE, STORAGE, ETC.):

SAMPLING INSTRUCTIONS:

1. *Do not remove cap from Sample Jar until you are ready to take sample. Do not touch inside of cap or mouth of the jar.*
2. *Take the sample as close to the water source (well or spring) as possible. If there are no water treatment devices in use, the sample may be taken from a kitchen or bathroom tap. If there is a treatment device in the house, the sample should be taken from a spigot not affected by a treatment device.*
3. *Turn on the Cold Water and allow it to run until it is as cold as it will get. Then allow it to run one minute more.*
4. *Slowly and carefully fill the jar to avoid splashing and overflowing. Pour out this water and refill the jar completely.*
5. *Place the Aluminum Foil Sheet over the mouth of the jar with the Dull Side down. Tighten cap on the jar securely.*
6. *If sample is not to be delivered immediately, store on ice until ready to deliver.*

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(6) Post-Program Survey

Prince George County

HOUSEHOLD WATER QUALITY PROGRAM EVALUATION SURVEY

Please answer each question below as instructed in reference to your household water supply only. Your answers are completely confidential and cannot be identified with any individual participant.

1. Have you had a laboratory test of your water supply before this Household Water Quality Education Program? Yes _____ No _____

If Yes, about what year was your last test? _____

2. What prompted you to participate in this program? (Check all that apply.)

- _____ Concern about safety of my water supply
_____ Nuisance problems such as staining, objectionable taste or odor, corrosion, etc.
_____ Follow-up to previous test of my water supply
_____ Other (explain)

3. Did your household water analysis in this program show that your water was unsatisfactory for any of the following tests? (Check one response for each test.)

- | | | |
|-----------|-----------|----------|
| Nitrate | Yes _____ | No _____ |
| Sodium | Yes _____ | No _____ |
| Iron | Yes _____ | No _____ |
| Manganese | Yes _____ | No _____ |
| Hardness | Yes _____ | No _____ |
| pH | Yes _____ | No _____ |

4. What were the results of the tests for the following? (Check one response for each test.)

- | | | |
|-------------------------|---------------|--------------|
| Total coliform bacteria | Present _____ | Absent _____ |
| E. coli bacteria | Present _____ | Absent _____ |

5. Since receiving the results of your water quality analysis, which of the following measures do you plan to take, or have already taken, to improve the quality of your water supply? (Check all that apply.)

- _____ Contact a state agency such as the Health Dept., Dept. of Environmental Quality, etc. for assistance or additional information
_____ Seek additional water testing from a laboratory
_____ Determine source of undesirable condition
_____ Pump out septic system
_____ Improve physical condition of water source (well, spring, or cistern)
_____ Shock chlorinate water system
_____ Obtain new water source
_____ Use bottled water for drinking/cooking
_____ Temporary disinfection, such as boiling water
_____ Purchase or rent water treatment equipment
_____ Improve functioning of existing water treatment equipment
_____ Take other measures to eliminate or reduce contaminant(s) in your water (explain)

Haven't done anything because _____

Post-Program Survey (cont.)

The following questions are designed to provide us with a profile of the total audience we've reached with this program. **Be assured that answers cannot be identified with individual participants.**

6. How many years have you lived at your present location? _____
7. Number of persons in your household. _____
8. What is the highest grade in school you've completed? (Check one.)
- _____ Grade school
 - _____ Some high school
 - _____ High school graduate
 - _____ Some education after high school
 - _____ College graduate
9. What is your family income before taxes? (Check one.)
- _____ Less than \$10,000
 - _____ \$10,000 to \$14,999
 - _____ \$15,000 to \$19,999
 - _____ \$20,000 to \$24,999
 - _____ \$25,000 to \$34,999
 - _____ \$35,000 to \$49,000
 - _____ \$50,000 or more
10. Other comments about the Household Water Quality Education Program:
- _____
- _____
- _____
11. Are there other educational programs that you would like to see offered by the Prince George County Extension Office?
- _____
- _____
12. How did you hear about this Household Water Quality Education Program? (Check all that apply.)
- _____ Newspaper
 - _____ Radio
 - _____ Television
 - _____ Extension Newsletter
 - _____ Flyer from child's school
 - _____ Friend or Neighbor
 - _____ Other (explain)
- _____

Thank you for your participation. Please return this survey form by **March 1, 1999**. A postage-paid envelope has been provided for your use in returning this form to:

Willie Schmidt, Prince George County
Virginia Cooperative Extension
Extension Distribution Center
112 Landsdowne Street
Blacksburg, VA 24060-9984

Notes

Notes

Notes

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